

# **INNOVATIVE PRACTICES TO SUPPORT CAREERS OF YOUNG ADULTS WITH MENTAL HEALTH CONDITIONS**



**HELPING YOUTH ON THE PATH TO EMPLOYMENT**

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**Helping Youth on the Path to Employment (HYPE)** is a joint research venture between Rutgers University, Department of Psychiatric Rehabilitation and the University of Massachusetts Medical School, Transitions Research and Training Center. The HYPE Project will develop a manual-based intervention for practitioners to facilitate careers among young adults with mental health conditions. We seek to create a set of services that will help this population achieve their goals in work and school, in order to gain competitive employment in the primary labor market, enabling them to live meaningful and self-sufficient lives.

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# I. INTRODUCTION

Employment and having a career are valued in society and support one's ability to be financially self-sufficient. However, for young adults with serious mental health conditions who are embarking on an adult career, there are challenges at every step. Failure to launch successfully into adult employment can lead to lifelong disability and financial dependence. A program that focuses on supports targeting both employment and education could offer a better future. By providing effective career supports at a younger age, one may avert the poor employment outcomes often seen among adults with mental health conditions.

The "Survey of Innovative Practices" identified state-of-the-art practices and services in career development for young adults. While there is a limited base of published practices to guide services, young adults are appearing in greater numbers in community mental health services, which spurs the need for innovation in vocational services. This study sought to capture practices through a survey of providers who are delivering innovative practices to better meet the needs of this population.

The overall research design for this study was a key informant survey and interview of administrative representatives of programs reputed for delivering innovative services for young adults. First, an internet-based survey collected basic information on the program. Second, an in-depth phone interview was conducted with selected respondents. The goal of this interview was to describe the program and the education and employment services the program provides to young adults ages 18 to 30.

Results from these efforts are described in this booklet. Findings are presented by the five large categories used in the analysis. In addition, barriers to services are presented, as are graphs displaying descriptive data on programs and services.

## II. METHODS

**Data Collection:** The overall research design for this study was a key informant survey and interview of administrative representatives of programs known for delivering innovative services for young adults. First, an internet-based survey collected basic information on the program. This was followed by an in-depth telephone interview conducted with selected respondents to the internet survey. Subsequently, interview transcripts were qualitatively coded.

Qualifications for inclusion in the internet survey were programs or agencies that primarily served young adults ages 18-30 with mental health conditions. The program had to deliver education and/or employment services to youth and young adults, and had to be nominated for having innovative practices in their services.

Programs were nominated through a snowball sampling process. Once participating programs were brought on board, they were able to refer other participants from among their professional contacts known to provide education and employment services to young people ages 18 to 30. Inclusion criteria were based on recommendations from two advisory boards: the HYPE National Advisory Committee (NAC), which is made up of experts in research and practice for this age group, and HYPE's Participatory Action Council (PAC), consisting of young adults who are experts through lived experience.

Thirty-one programs were interviewed. Key informants (administrative or clinical staff from participating programs) described their program and the services they provide. The semi-structured phone interviews were audio recorded and later transcribed in full.

**Data Analysis:** The survey gathered information about the program's populations, including ages served, length of stay of program participants, percent of participants successfully completing program

objectives (e.g., securing employment, completing school, etc.), and racial and gender compositions. The survey also provided us with information on the types of services offered.

A three-person team coded all thirty-one interview transcripts using qualitative software. The team used an open-coding method to develop initial codes and definitions across all transcripts. Open codes were then grouped into larger categories. Subsequently, two of the three coders completed an inter-rater reliability test. Three passages were selected from the transcripts and the two coders identified the corresponding code for that passage. There was a 97% agreement in the codes between the two raters, indicating high reliability. The Kohler Taxonomy<sup>1</sup> was used to collapse categories into five larger branches.

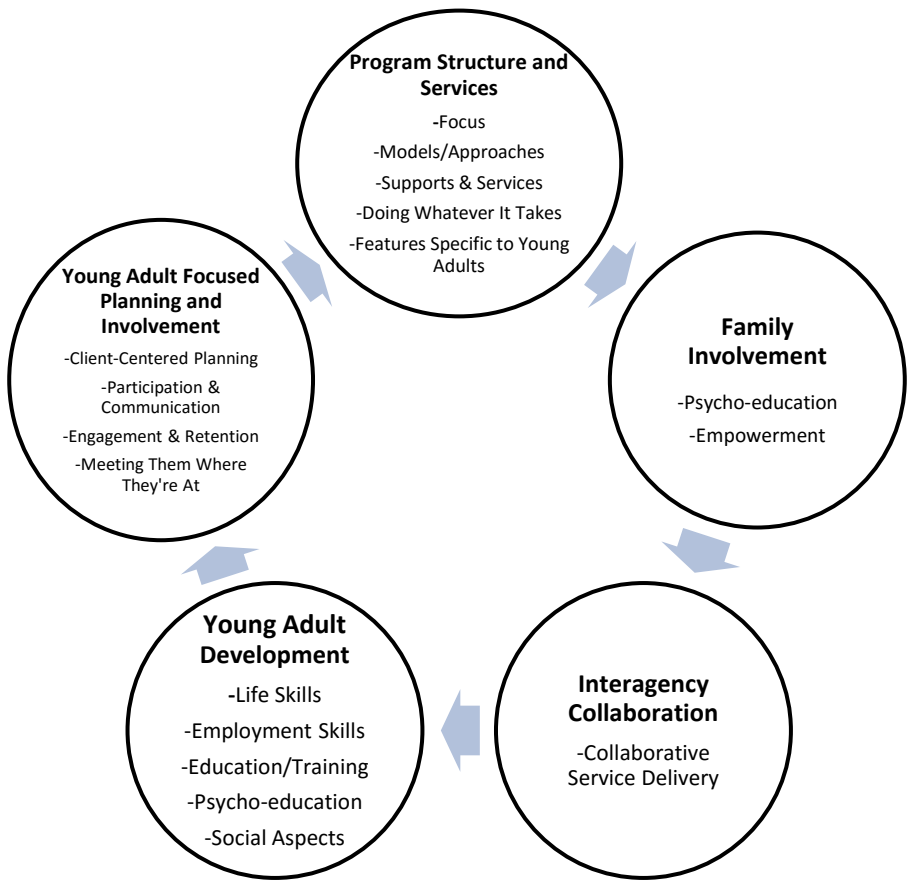
**Application of the Kohler Taxonomy:** In 1996, Paula Kohler developed the “Taxonomy for Transition Programming” through a process of soliciting input from researchers, education leaders, and practitioners. Five domains were developed, along with elements within each domain. Kohler’s existing five domains mapped on well to the codes developed from the Survey of Innovative Practices data, and so were used but also adapted. Kohler’s category “Student-Focused Planning” became “Young Adult-Focused Planning and Involvement,” “Student Development” became “Young Adult Skill Development,” and “Program Structure” became “Program Structure and Services.” Sub-topics within each domain were also amended to better align with survey data. The following graphic displays resulting domains and sub-topics.

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<sup>1</sup> Kohler, Paula D. *Taxonomy for Transition Programming: A Model for Planning, Organizing, and Evaluating Transition Education, Services, and Programs*. Champaign: University of Illinois. 1996.

# Kohler Taxonomy

## Applied to Survey of Innovative Practices





## III. RESULTS

### Survey Results

Of the thirty-one programs surveyed, the majority (68%) served over three hundred clients a year, while the remainder served smaller clientele bases. Fifty-six percent of programs exclusively served transition age youth, and the others served individuals of all ages. In over half of programs (52%), participants were in services for one to three years. Following that, the average length of stay was under eleven months.

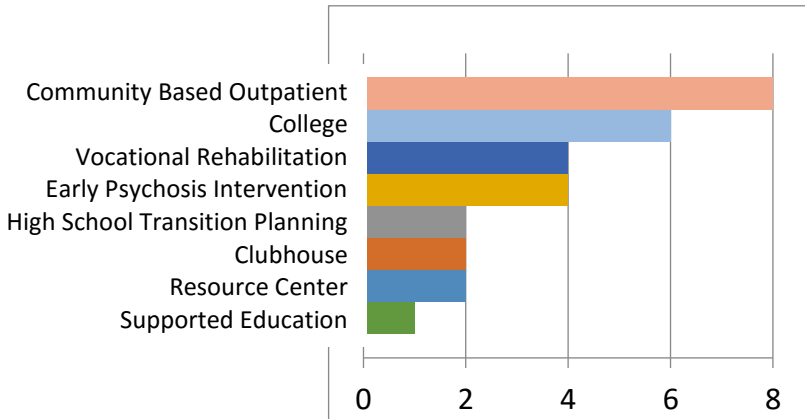
While the majority of programs surveyed were located in the Northeast (55%), there were 17% from the Midwest and West, with fewer from the Southwest and Southeast. Most programs (71%) reported having equal numbers of male and female participants, followed by 19% composed of majority male, and 10% majority female participants. Lastly, while 62% of programs had a majority white participant population, 29% identified serving a diverse mix without a racial majority.

Program types varied a lot, and offered a wide range of services, pictured in the following charts.

# Program Characteristics

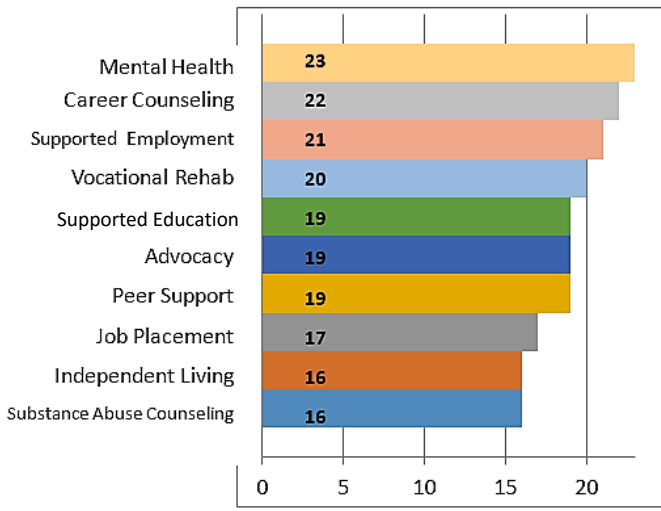
### Program Types

N = 29



### Services Offered

N = 29



## Program Structure and Services

Programs were structured in various ways and offered a range of services. Findings across program structure are described here:

**Models and Approaches:** Programs used a wide variety of models, including the Transition to Independence Process (TIP) Model, Individual Placement and Support (IPS) Model, Supported Education models, and First Episode Psychosis services. Programs not utilizing specific models generally followed the approach of treating the population as a unique group and focusing on transition tasks.

**Focus:** Programs had to have a focus on providing educational and vocational supports to the young adult population to be included in the survey. Many participating programs focused on education including high school completion and post-secondary training. Another main focus of some programs was early intervention and prevention for psychosis. Some programs also focused on helping youth find independent living supports (housing, transportation, laundry), with an overall focus on recovery and community integration.

**Support Services:** The support strategies used among these programs were varied. Many noted enhancing motivation to achieve the young adults articulated goals using Motivational Interviewing techniques. Virtually, all the programs were engaged with helping young adults access, utilize, and maintain accommodations, both in work and school. Therapy was also offered at many programs, using a variety of therapeutic approaches (e.g., DBT, CBT, Occupational Therapy, Cognitive Enhancement Therapy, etc.).

**“Doing Whatever It Takes”:** Many programs described themselves as “Doing Whatever It Takes.” This included complete flexibility in service offerings, meeting youth at their school or local coffee shop, helping students apply for financial aid, or texting them reminders to submit a paper by midnight.

## Unique Program Features

Programs described ways in which they adapted their services to specifically serve the young adult population. Young adults differ from both older adults and younger children, which was highlighted by these unique program features.

- Adapting practices to fit age-related imperatives: programs have flexibility in adapting adult services to meet the needs of youth
- Age-specific programming: individuals were served within their own age group
- Program focuses on the changing goals of employment and education, or the combination, as directed by the youth
- Programs provide continuous support, bridging over stops and starts of other services or activities
- Program is responsive to and tolerates the turbulence in this developmental period that can also be high risk, including: changes in family relationships, social relationships, exploration of sexual self, substance use, and incarceration
- Program addresses young person's resistance to considering themselves as having an illness or problem
- Programs are able to handle adversity and understand that it is typical for this age group, and help promote resilience as well as help participants experience adversity as learning opportunities
- Program provide training for basic social and employment expectations: showing up on time, appropriate communications
- Agency efforts include: maintaining community friends and supporting continued engagement in developmentally appropriate community roles and settings
- Tolerance for missed appointments and gaps in services

## Young Adult Focused Planning and Involvement

Detailed, thoughtful, and written planning was a feature of most programs interviewed. Planning efforts and methods for young adult involvement are listed below.

**Client-Centered Planning:** Programs reported using functional orientation to planning efforts, where the approach to services is focused on the young adult, their goals, and lives rather than the individual's diagnosis. This approach was commonly referred to as looking at the *person beyond the diagnosis*, and being *client-centered*. Client-centered planning focuses on the client's interests, desires, and skills as focal points in planning.

**Participation:** Accessibility to programs is often a barrier for young adults. This can be due to a lack of transportation (particularly in rural areas) and limited availability of public transit. Programs made an effort to make themselves accessible by being flexible in terms of scheduling and meeting location. Other forms of participation included giving the young adults a voice in administrative processes such as interviewing new staff and involvement as peer mentors.

**Communication:** Flexible communication methods are often needed with this population. This included the means to communicate effectively with youth through text messaging and social media. Checking in via text, reminders about upcoming appointments, as well as being responsive during hours other than "typical" work hours were all seen as effective strategies to maintain engagement and connection with this age group.

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*"You can call them all day long and not get a response, but if you text, they get right back to you – they don't like getting on the phone to talk... [the communication] looks like anything, anytime, anywhere."*

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**Engagement and Retention:** To get youth into services, as well as to keep them consistently engaged, programs worked hard to build relationships with their participants and often used an assertive outreach method – being gentle but proactive, reaching out into the community to locate youth, and having flexibility around attendance. Programs often chose to hire younger staff who could relate to youth culture and had a willingness and ability to use social media and texting to keep in contact.

**Meeting Them Where They're At:** Programs worked to literally meet people where they were, whether it be in their home, their school, or out in the community at the mall or local coffee shop. On a figurative level, they tried to respond to the needs of individuals in the moment with their immediate goals, while also working on long-term goals. Based on the individual's need, they would vary the intensity of services.



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*“We’ve had people who were literally unwilling to come out of their room, in fact we had one fellow who was literally in his closet. We did a series of home visits and we have communicated with people using sticky notes... we’re about as flexible as we can be.”*

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## Young Adult Skill Development

An important aspect of most programs was preparing young adults to succeed in school and work by teaching them related skills. The following items were articulated as being integral elements of young adult skill development, although we note that most skills training were not manualized or highly specified.

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*“[We provide] some essential and ongoing support, such as applying for financial aid, admission, how to get books and supplies, how to get to class, transportation, and class scheduling. You know, familiarizing (them) with the institution ... Introducing people to resources on campus, accommodations, personnel, tutoring services...”*

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**Life Skills:** Programs described helping young adults develop coping skills, financial skills, executive functioning skills, time management and calendaring. There was also a focus on helping youth enhance their self-advocacy skills, and their level of comfort when it came to disclosure of their mental health condition.

**Employment Skills:** Work and employment skills included providing young people with interview experience including how to dress for an interview and how to build a resume. Programs also identified connecting/developing structured work experiences, including internships, supported employment, and job coaching.

**Education & Training:** As for education, programs helped their clients access available resources, apply for school and financial aid, and taught them to better manage the stress that comes with transitioning to adulthood. Additional training opportunities included vocational training and finding vocational schools and programs.

**Psycho-Education:** Programs worked to help youth understand their diagnosis, manage their symptoms, assess their treatment options (including medications), and partner with providers effectively.

**Social Aspects:** Many programs spoke about developing youth groups and providing their young adults with social and recreational activities in order to help them develop interpersonal skills.





## Family Involvement

Family involvement is a valued piece of transition planning and is considered by many programs to be a best practice when serving young adults with mental health concerns. Family is often a primary reason that young people seek services as well as a means to identify and access benefits. However, programs do recognize that what family involvement looks like varies based on situations and the needs of the family and the young adult. Who the young adult considers their family are not always the people that are traditionally thought of as “family.” Many programs recognize that **Psycho-education** can help families understand and support their young person, and includes learning healthy coping skills and communication.

Young adults who reviewed this booklet stressed how important it is to not force family involvement and to let each individual determine the level of family involvement they are comfortable with. Additionally, they felt it should be up to the young adult to decide who they want involved in their treatment and transition planning, and to what degree these individuals should be involved. For some, including family could be harmful rather than helpful, and could be a source of trauma. When it comes to family involvement, programs and agencies should be mindful and empower young adult to take the lead.



## Interagency Collaboration

Programs spoke extensively about creating community connections and developing partnerships with other agencies and organizations to create a more integrated approach. Networking with potential employers also created job development opportunities and internships. Programs often looked for employers within the community that were doing work specifically relating to the interests of the young adults. Developing these community relationships also helps create multiple avenues for referrals. Vocational rehabilitation programs and mental health programs provided cross-training and new possibilities for specialization.

Programs also partnered with other community agencies, such as the police department, the chamber of commerce, vocational rehabilitation agencies, Veteran's Affairs, local schools and community centers, and others.

Other programs identified building connections with on-campus resources, such as disability services or counseling centers, in order to better provide students with seamless service provision that helped them succeed in school and develop other skills outside of school.

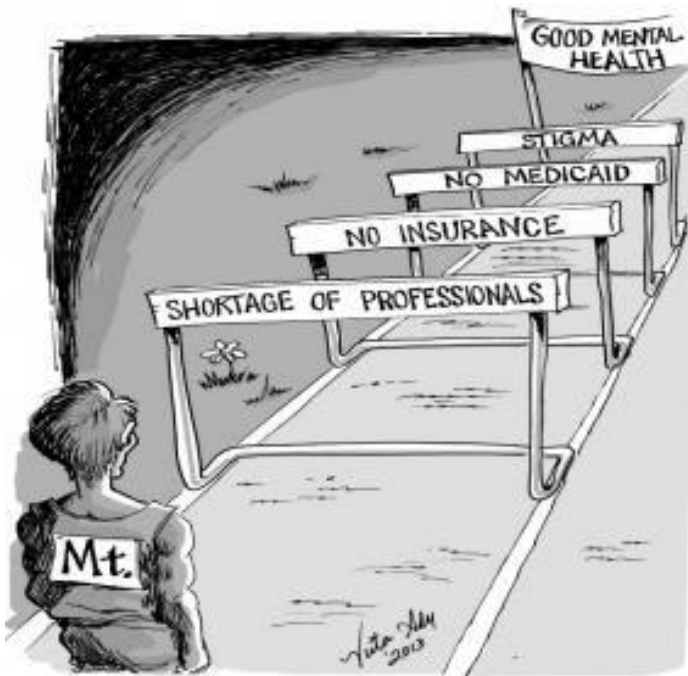
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***“The shared funding model and the shared support model between the school and adult agency is really important, that’s been important over time. It’s not just the school trying to do that transition, there’s really that linkage built in, and built in financially... There’s a real commitment to thinking about putting resources into the training, and technical assistance, evaluation, I think that helps provide stability over time.”***

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## Barriers

During interviews respondents often described barriers young adults face. Barriers that were mentioned covered every domain, and was an over-arching theme. Financial barriers were most often associated with school financial aid and issues with loans. Structural barriers put in place by various systems were also noted such as changing eligibility criteria for child and adult services that can leave many youth and young adults without supports. Additionally, many barriers related to transportation emerged during the interview process. Other barriers included denial, distrust, lack of self-confidence, stigma and discrimination, and substance use. Additionally, young adults mentioned that language and culture can be significant barriers for them in communication between them, their families and providers.



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*“A huge issue in [the city] is just the transportation; there’s not really a reliable bus. They have one that runs every hour, it stops at 7, doesn’t run on the weekends. So a lot of times the young people get stuck because they don’t have a driver’s license, or they don’t have a friend or someone that has a car... For young people transportation really is one of the hugest [barriers].”*

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*“Typically when someone is referred to mental health services in this country, not only do they have to have the right insurance, but they also have to recognize that they have the need for treatment. And they have to be organized and motivated, and courageous enough to find their way into a mental health center, and to fill out a bunch of paperwork, and so you know again that’s a whole set of barriers.”*

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## IV. CONCLUSION

Although this survey of innovative practices did not necessarily identify any true innovations, various characteristics emerged across the data that indicate styles or adaptations of practices are needed to adequately service this age and disability group. The description of services was very broad, likely to accommodate the flexibility the programs determined was necessary to serve this population most effectively.

General themes indicated that many mental health services are moving towards a recovery model, with an effort to see beyond the diagnosis of young people, to avoid stigma, and to focus on rehabilitation and fulfilling meaningful social roles. This is especially important for this age group, as it is already a time of great change and transition, and young adults likely don't have much prior work experience and are less likely to have developed the skills needed for joining the workforce.

Effective career and education supports for youth and young adults can have a very positive impact on the outcomes for young people transitioning from high school to college, or from school to the workforce. Although our study heard from thirty-one different programs providing these types of service to youth and young adults with mental health conditions, there are relatively few career services specifically tailored to this age group that have shown significant success. Further developing supports for young people could significantly improve the competitive employment outcomes or secondary school performance for young adults struggling with their mental health.

## V. RESOURCES AND MORE INFORMATION

For more information on HYPE (Helping Youth on the Path to Employment) and innovative career development practices, please contact:

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